

**THE  
BIENNIAL REPORT  
OF THE  
TEXAS CORRECTIONAL OFFICE ON OFFENDERS  
WITH MEDICAL AND MENTAL IMPAIRMENTS**

**SUBMITTED TO  
THE TEXAS BOARD OF CRIMINAL JUSTICE  
FEBRUARY, 2007**

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<p style="text-align: center;"><b>SECTION I.</b> <b>ADVISORY COMMITTEE MEMBERSHIP</b></p>
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**GUBERNATORIAL APPOINTEES**

Judy Briscoe, Chair *Term 2/1/2006*

- |                       |                        |                       |                        |
|-----------------------|------------------------|-----------------------|------------------------|
| • John Martin Bradley | <i>Term 10/21/2008</i> | • Dr. Gabriel Holguin | <i>Tern 2/01/2011</i>  |
| • Ellen Cokinos       | <i>Term 7/20/2008</i>  | • Christopher C. Kirk | <i>Term 2/11/2011</i>  |
| • Joseph Gutheinz     | <i>Term 7/20/2008</i>  | • Judge Jan Krocke    | <i>Term 7/20/2008</i>  |
| • Kevin E. Haynes     | <i>Term 2/11/2011</i>  | • Ross Taylor, M.D.   | <i>Term 10/21/2010</i> |

**STATE AGENCIES/ORGANIZATIONS**

- |   |   |
|---|---|
| • Texas Department of Criminal Justice<br>- Correctional Institutional Division<br>- Parole Division<br>- Community Justice Assistance Division | • Health & Human Services Commission                  |
| • Texas Juvenile Probation Commission   | • Department of Aging and Disability Services         |
| • Texas Youth Commission  | • Department of Assistive and Rehabilitative Services |
| • Texas Education Agency  | • Department of State Health Services                 |
| • Mental Health Association in Texas  | • National Alliance for the Mentally Ill – Texas      |
| • Texas Commission on Law Enforcement Officer Standards and Education   | • ARC of Texas  |
| • Texas Council of Community Mental Health and Mental Retardation Centers, Inc.   | • Correctional Managed Health Care Committee          |
| • Texas Commission on Jail Standards  | • Board of Pardons and Parole                         |
| • Texas Council for Developmental Disabilities  |   |

## SECTION II. EXECUTIVE SUMMARY

Since the establishment of the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) in 1987, policy initiatives enacted by the Legislature have had a positive impact on the overall service delivery system for juvenile and adult offenders with special needs. In the last 19 years, Texas has, through legislative action, created a nationally recognized system that addresses all aspects of the criminal justice continuum. This has been accomplished by adopting statutory guidelines resulting in improved regulatory, procedural and programmatic practices in this state's response for this offender population.

Four (4) years ago, the Legislature again demonstrated its commitment by reauthorizing a \$35 million funding package for the enhanced mental health/criminal justice initiative. This funding has allowed a renewed emphasis on the front end of the juvenile justice and adult criminal justice systems. In addition, legislation impacting pre-trial stages of the criminal justice system was enacted. These policy initiatives, coupled with the mental health/criminal justice initiative, should further strengthen the state's efforts to enhance the front end of the system.

During the past biennium, TCOOMMI initiated and/or completed the following activities relating to the new and existing legislative directives:

- **Cooperated with the Texas Commission on Jail Standards (TCJS), to study the current mental health screening and treatment practices of local jails.** A more detailed overview of this study is found in Section V of this report;
- **Developed a template for all competency evaluations to ensure compliance with art. 46.B, Code of Criminal Procedure;**
- **Implemented a new continuity of care process for offenders with special needs released from Texas Department of Criminal Justice (TDCJ) facilities.** A status report on this new initiative is found in Section IV of this report;
- **Continued the Rusk Diversion Project (a community-based competency restoration pilot) in cooperation with the Harris County Mental Health and Mental Retardation Authority (MHMRA) and the Harris County Sheriff's Department.** A summary of this program is provided in Section IV of this report;
- **Coordinated the implementation of a data cross-referencing process between local jails and MHMRAs.** This activity is the first of its kind in the country, used to identify current or former MHMR clients who are arrested and booked in county jails.
- **Expanded continuity of care activities to include local jails, to assist with pre- and post- planning for offenders with mental illnesses or other special needs.**

While not an exhaustive list, the above projects do represent further evidence of the Legislature's commitment to issues impacting offenders with special needs. This biennium saw continued progress toward establishing a comprehensive continuity of care system emphasizing its primary goals of public safety and treatment interventions. More importantly, TCOOMMI's efforts toward accomplishing these critical goals have eliminated or reduced duplication, improved coordination, collaboration and commitment to minimizing overall costs to local and state governments.

Although tremendous progress has been made; there is room for improvement and refinement. This report addresses areas of concern that require additional work to further Texas' goals in responding to offenders with special needs.

<p style="text-align: center;"><b>SECTION III.</b> <b>OVERVIEW OF TCOOMMI and</b> <b>ADVISORY MEMBERS</b> <b>FUNCTIONS</b></p>
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TCOOMMI was created by the 70<sup>th</sup> Legislature to address the multi-faceted problems presented by juveniles and adults with mental illness, mental retardation and developmental disabilities. HB 93, 72<sup>nd</sup> Legislature, expanded TCOOMMI's role to include offenders with serious medical conditions, physical disabilities or who are elderly.

During the past biennium, the Advisory Committee was revised to reflect legislative or executive changes enacted by the 79<sup>th</sup> Legislature. Most notably, the number of members increased to 31, and the committee was directed to report to the Board of Criminal Justice.

Despite these membership changes, the Advisory Committee continued its work on addressing the following legislative mandates:

1. *To determine the status of offenders with special needs in the state criminal justice system;*
2. *To identify needed services for offenders with special needs;*
3. *To develop a plan for meeting the treatment, rehabilitation and educational needs of offenders with special needs, including a case management system and the development of community-based alternatives to incarceration;*
4. *To cooperate in coordinating procedures of represented agencies for the smooth and orderly provision of services for offenders with special needs;*
5. *To evaluate various in-state and out-of-state programs for offenders with special needs and recommend to the directors of current state programs methods of improving those programs;*
6. *To collect and disseminate information about available programs to judicial officers, law enforcement officers, probation and parole officers, social service and treatment providers;*
7. *To distribute money appropriated by the Legislature to political subdivisions, private organizations or other persons to be used for the development, operation, or evaluation of programs for offenders with special needs;*
8. *To apply for and receive money made available by the federal or state government or by any other public or private source to be used by the council to perform its duties;*
9. *To develop and implement pilot projects to demonstrate a cooperative program that identifies, evaluates, and manages, outside of incarceration, offenders with special needs;*

- 10. To develop and implement a medically recommended intensive supervision or early release program for inmates who are elderly, physically handicapped, terminally ill or mentally retarded as established in HB 93, 72<sup>nd</sup> Legislature;*
- 11. To monitor and coordinate the establishment of a continuity of care system for offenders with special needs;*
- 12. To develop a process for reviewing all competency evaluations to determine compliance with statutory guidelines; and,*
- 13. To develop and implement a continuity of care process for all 46.B defendants being returned to jail upon restoration of competency.*

Through collaboration, this diverse body of juvenile and adult criminal justice, health and human service and advocacy representatives, focus on creating a seamless system of care for juvenile and adult offenders with special needs.

The following sections of this report provide a detailed accounting of TCOOMMI's current and future activities toward fulfilling its responsibility to the Legislature and the citizens of this state.

## **SECTION IV. TCOOMMI PROGRAMS**

Prior to the 78<sup>th</sup> Legislative Session, TCOOMMI operated three (3) major programs:

- (1) Community Based Programs, which includes the jail diversion and mental health/criminal justice initiative;
- (2) Continuity of Care (COC); and
- (3) Medically Recommended Intensive Supervision (MRIS).

SB 1 expanded TCOOMMI's programs to include Continuity of Care Services for 46.b defendants, and persons found "Not Guilty by Reason of Insanity" (NGRI). This section of the report will provide an overview of the TCOOMMI programs and an update on performance outcomes.

### **COMMUNITY-BASED SERVICES ADULT PROGRAMS**

The community-based services provided through TCOOMMI funding are a critical component to an offender's success on pre-trial, probation or parole. The most important factor is that the service is immediately accessible to the offender.

Prior to the mental health/criminal justice initiative in 2001, the majority of offenders served by TCOOMMI were parolees with mental impairments or other medical/psychological disabilities. Due to the pre-release planning of TCOOMMI's COC Program, all eligible parolees are referred to services four- to six- months prior to release, thus avoiding or minimizing the need for a waiting list. Typically the offender would have been released to a community with specialized parole officers and TCOOMMI-funded services. Those community providers not funded by TCOOMMI, would also receive a four- to six- month advance notice of the offender's pending release, thus avoiding a lengthy service delay upon release from prison or other correctional facility.

The probation system on the other hand was plagued with problems in accessing mental health services. The probationer could not gain access to the service due to waiting lists. In some circumstances it was months before an initial intake was conducted. For a probationer with serious mental illness, the lack of treatment contributes to the person's inability to comply with conditions of supervision, thus increasing the risk of recidivism and ultimate revocation.

The passage of the mental health/criminal justice initiative by the 77<sup>th</sup> Legislature provided the mechanism to address this service gap. The initiative helped create 84 specialized probation caseloads and targeted mental health treatment funding in selected sites across the state. The intent of the initiative was to provide accessible supervision and mental health treatment so that courts would have a sentencing alternative to incarceration.

In a 2005 study conducted on the Mental Health/Criminal Justice Initiative, TDCJ-Community Justice Assistance Division (CJAD) found that the model program had a



demonstrated impact on recidivism rates of those offenders served, when compared to other service categories. Those rates are found in the following chart:

Mental Health Initiative - Outcome Results:		
Offenders Receiving Model Services Have Significantly		
Lower Incarceration Rates Than Other Groups		
Group	Percent Arrested Two Year Follow-up	Percent Incarcerated Two Year Follow-up
Model	29.9%	13.1%
Initiative Caseload	32.4%	18.7%
Case Management	33.8%	19.4%
Non-Initiative Caseload	31.6%	20.1%
Sample Total	31.5%	16.8%

In large part, the initiative model was developed in accordance with programs operated by TCOOMMI for parolees with mental illnesses. For the past decade, the Parole Division, in conjunction with TCOOMMI, has implemented a team approach to working with offenders with special needs released from TDCJ facilities.

The Parole Division currently has 120 specialized caseloads that work with offenders with mental impairments or those who are terminally/seriously ill and physically disabled. TCOOMMI contracts with other governmental agencies for targeted treatment and case management services. The specialized parole officers coordinate with the case managers to develop supervision and treatment plans that best meet the needs of the offender. This close working relationship also allows for joint decisions relating to non-compliance or revocations.

In addition to this evaluation of the Mental Health/Criminal Justice Initiative, the following Legislative Budget Board (LBB) performance measure requires an evaluation of all adult offenders (probation and/or parole) served through TCOOMMI funded case management programs:

*“The reincarceration rate of adult felony offenders with special needs on probation or parole supervision that have been in Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) programs for a minimum of twelve consecutive months, computed as the percentage of those that have been revoked and/or returned to TDCJ-Correctional Institutions Division (CID) within three years of entering the program. The rate is derived from the total population of releases for the fiscal year being reported.”*

Based upon a recent evaluation of those offenders who met this narrowly defined performance measure criteria, **10.6%** was the recidivism rate documented for FY 2006.

In addition to the recidivism outcomes, other accomplishments of the programs include:

- **Improved coordination and collaboration between local probation and Mental Health/Mental Retardation (MHMR) agencies.** Joint staffings, co-location of offices, joint field or home visits with probation/parole and MHMR staff are but a few examples of the improved working relationship between the criminal justice and mental health systems.
- **Fewer revocations due to Probation/Parole officers and MHMRAs jointly working on supervision and treatment issues.** Prior to the initiative, non-compliance was decided solely at the supervisory entities' discretion with the courts. Now this collaboration ensures that mental health issues are not contributing to non-compliance.
- **Public safety issues rather than availability or a client's right to choose determines the intensity of MHMR services.** TCOOMMI requires all MHMR contract agencies to provide intensive service coordination and to monitor treatment compliance. Failure to comply with treatment requirements is reported immediately to criminal justice entities. As a result, illegal activities that may have occurred due to treatment non-compliance can be avoided or minimized.
- **Medicaid revenue generated by the adult program sites has increased by 44% since FY 2004.** During FY 2006 \$2,787,000 in Medicaid revenue was collected compared to \$1,945,000 in FY 2004. By increasing federal revenue, the programs were able to serve more clients without additional state dollars.

Though the initiative has proven successful, the following areas require further work:

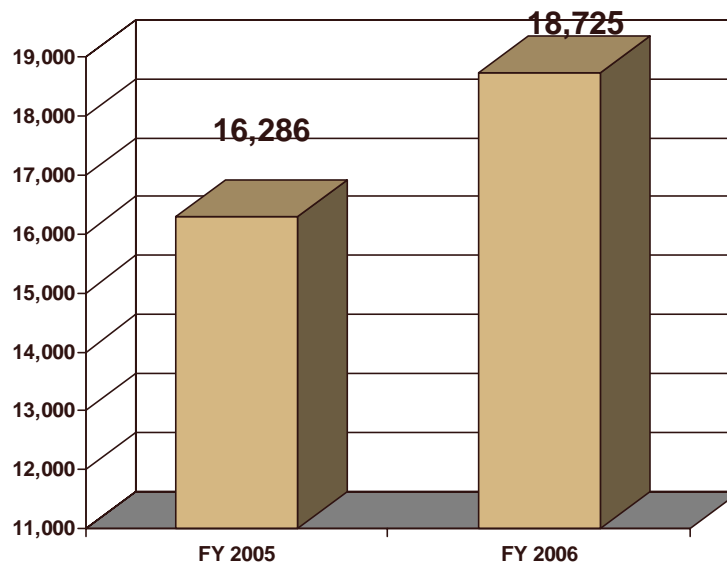
- **Residential options as alternatives to incarceration need to be expanded.** Currently the majority of court or parole residential programs are geared toward offenders who have no mental health or other special needs. As a result, placement options available to the courts or parole are limited. Without structured residential alternatives, revocations to jail or prison - the most costly response for both local and state governments - may be the only viable option for decision makers.
- **Increased access to substance abuse treatment for offenders with special needs is critical to a successful completion of probation or parole.** The availability of substance abuse treatment programs is an important factor in reducing recidivism. For the offender population with mental impairments, access to such treatment programs is in short supply.

## **COMMUNITY-BASED SERVICES** **CONTINUITY OF CARE PROGRAMS**

TCOOMMI funds a Continuity of Care program to provide a responsive system for local referrals from jails, family and other sources. Components of this program include but are not limited to:

- Screening and Linkage to Appropriate Services
- Federal Entitlement Application Processing
- Jail Screening
- Medication and Psychiatric Services
- Court Intervention

The following chart depicts the number of offenders served through the COC Program in FY 05 and 06.



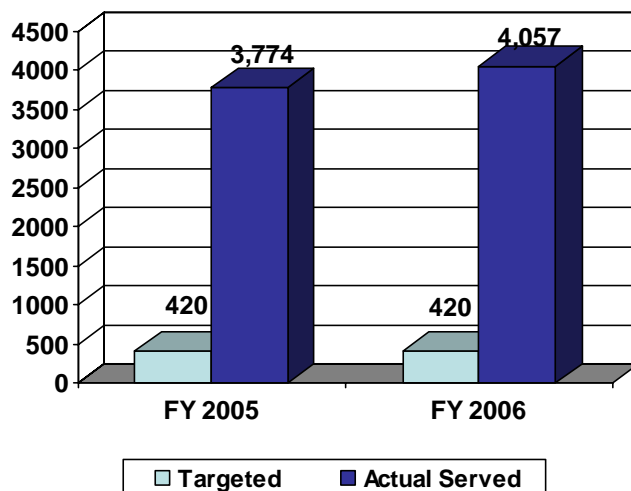
Historically, TCOOMMI has had limited funding for continuity of care services for offenders being released from jail to the community. During FY 07, several contract sites received additional funding to initiate pre- and post-release treatment activities for offenders with special needs being released on some form of supervision from local jails. It is anticipated that offenders being linked to services prior to release will show much lower re-arrest and re-incarceration rates compared to offenders who did not receive similar services. An evaluation of this new initiative will be provided in TCOOMMI's report to the Legislature in 2009.

## **JAIL DIVERSION PROGRAMS**

During the past biennium, TCOOMMI contracted with six (6) sites for targeted jail diversion services. These services included: specialized mental health deputies, designated mental health staff assigned to screen offenders for mental health issues, resource information services for attorneys or court personnel, advocacy for the offender with attorneys, court personnel and/or bond release programs, and referrals for further medical evaluation or commitment.

In addition, TCOOMMI provided one-time funding for the sites to be used for specialized training programs for law enforcement and local probation or parole officers; computers for required database reports; and teleconference equipment used for electronic assessment and other telemedicine services.

The following chart reflects the number of offenders served through the Jail Diversion Program in FY 05 and 06:



The Jail Diversion contract sites have identified a number of positive outcomes derived from their programs including:

1. Specialized deputies are trained to identify and respond to situations involving persons with mental illnesses. As a result, persons who historically may have been arrested for their behavior are now diverted to more appropriate treatment options.
2. Mental Health Courts have provided high risk offenders opportunities for successful completion of probation. Judges who understand that relapse may require more intensive treatment and supervision rather than revocation is a fundamental concept of mental health courts. Public safety concerns are still addressed, but through increased treatment as opposed to incarceration.
3. Mental health liaisons to the courts and jails increase opportunities for pre-trial diversion when appropriate. Knowing the mental health needs of defendants allows

the courts and jails to make more informed decisions regarding release and/or treatment.

Overall, the jail diversion component of TCOOMMI's community-based program has far exceeded initial expectations. During the next biennium, formal evaluation these programs to determine impact on recidivism and associated costs will be initiated.

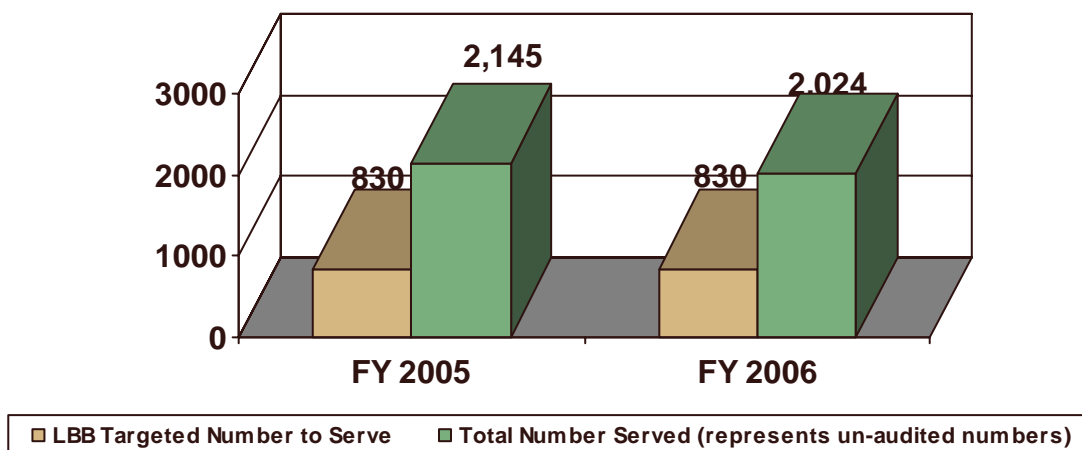
### **JUVENILE JUSTICE PROGRAMS** **JUVENILE PROBATION**

To provide a more responsive front-end service delivery system, the Legislature appropriated \$9.5 million to provide supervision and treatment services to youth on local probation and on parole from the Texas Youth Commission (TYC). Juvenile service programs are designed as a family-based, multi-service approach to meet the mental health needs of youth in the Texas juvenile justice system, ages 10-18, who have been assessed with severe emotional disturbances.

Twenty-two (22) statewide service programs provide a wrap-around, case management philosophy and managed care practices, with a strong emphasis on flexible programming. TCOOMMI contracts with local MHMRs for the following services that support this treatment model:

- Assessments for service referral;
- Service coordination and planning;
- Medication and monitoring;
- Individual and/or group therapy and skills training;
- In-home services such as Multi-Systemic Therapy or Functional Family Therapy;
- Family focused support services;
- Benefit eligibility services; and
- Transitional services.

During the past biennium, juvenile offender programs jointly operated and funded by TCOOMMI and Texas Juvenile Probation Commission (TJPC) exceeded expectations in the overall number of juveniles served. As depicted on the following chart, in FY 06, LBB Performance targets were exceeded by 244%.



According to a recent study conducted by TJPC, the service model of increased home contact appears to have the most positive impact on juvenile offender outcomes. The following chart provides a comparison of outcomes based on number of home contacts between the treatment team and juvenile/family:

Percent Successful by Contact FY 05	
Average number of home contacts per week	Percent of successful outcomes
0 to .99	33%
1 to 1.99	73%
2 or More	74%

In addition, other accomplishments include the following:

1. **The number of juveniles served exceeded LBB performance targets by 244%.** A contributing factor to this outcome is the Medicaid revenue generated by providers. By increasing federal funding, service capacity can be expanded beyond that allowed with current general revenue.
2. **Increased on-site monitoring has resulted in quicker responses to service delivery problems.** Eliminating or minimizing barriers to service has yielded increased efficiencies and effectiveness of the juvenile programs.
3. **Improved communication between the mental health and juvenile justice systems has minimized redundancies and fostered better collaboration.** By targeting funding specifically for specialized supervision and treatment services, the juvenile probation officer and MHMR staff work as a team to decide the most appropriate course of action for the juvenile and his/her family. In addition, each team member has fully defined roles and responsibilities thus minimizing duplication of effort.
4. **Implementing the Resiliency and Disease Management (RDM) model has improved decision making on treatment strategies.** The RDM model offers a uniform and standardized approach to service delivery that is developed on evidence based practices.
5. **Identification and screening practices for program eligibility have improved.** By enhancing the screening activities, resources can be focused more narrowly on those juveniles with the most serious mental health issues.
6. **An additional multi-systemic therapy (MST) program was added in Bexar County.** The MST program is a nationally recognized intervention strategy for dealing with seriously disturbed children and their families. Due to the severity of illness among the juvenile offender population, the additional MST program is a much-needed response to those juveniles in crises.

Despite these accomplishments, program sites report the following areas in need of continued improvement:

- Increased residential and substance abuse treatment options are needed as alternatives to TYC. Without such resources, juveniles may be placed in institutional environs that are not designed to provide the type of specialized treatment required for these youth.
- Recruitment of available licensed staff for requisite services. Rural areas typically have more problems in recruiting licensed professional staff than urban areas. In addition, TCOOMMI's emphasis to provide more treatment in the youths' homes, rather than the office, has been cited as a factor.

### **TEXAS YOUTH COMMISSION**

According to TYC approximately 49% of committed youth have a diagnosed mental health problem. In order to provide an appropriate aftercare treatment plan for those juveniles being released on parole, TCOOMMI contracts with local MHMR centers for an array of post-release services. Those services, which are provided primarily through a fee-for-service contractual arrangement, include:

- Individualized assessments;
- Service coordination;
- Medication monitoring;
- Advocacy services;
- Transitional services to other treatment programs for youth being discharged from parole; and,
- Benefit eligibility services.

During the past biennium, 146 youth were served by TCOOMMI's programs. Depending upon the age and the clinical assessment of need, the juveniles may have been served either in an adult or juvenile program once released on parole. Based upon TYC and TCOOMMI's collaboration, the following accomplishments were made during the biennium:

1. Referrals for post-release mental health services increased by 32%. This increase is in large part due to TYC's efforts to educate facility staff on identifying youth whose mental health status may require post-release services.
2. Joint trainings between TCOOMMI and TYC staff have enhanced each agency's understanding of roles and responsibilities for pre- and post-release services.
3. Improved coordination and communication with local MHMR providers has greatly improved access to mental health services for those eligible for MHMR services.

## INSTITUTIONAL SERVICES CONTINUITY OF CARE

During the past biennium, TCOOMMI conducted a comprehensive evaluation of the COC program for offenders with special needs being released from TDCJ facilities. Based upon this review, the following issues require improvement or modification:

1. Offenders released on either a flat or state jail discharge rarely showed up for post-release appointments for treatment. According to post-release statistical information, 9% of state jail and 12% of flat discharges showed up for appointments with medical or mental health providers after their release. Since these offenders accounted for over 37% of the total number of referrals, a significant level of resources were wasted on pre- and post-release coordination. Unlike offenders released on parole, mandatory supervision or probation, state jail and flat discharge populations are no longer under the purview of a supervising entity. As a result, no enforcement authority exists to require their participation in post-release treatment.
2. Offenders released on some form of supervision may have a condition of "P" (psychological) placed on their plan by the Parole Board. Those offenders would be referred to TCOOMMI for continuity of care services with the local MHMR for post-release services. According to an analysis of offenders with a "P" condition, 65% did not have a diagnosis that qualified for MHMR services. Again, significant resources were expended in the pre- and post-release referral and intake process for these offenders who didn't qualify for MHMR services.
3. Finally, the overall COC process was extremely time-consuming. Copying medical or other records, completing the applications for pre- social security applications, faxing materials to the workers who would eventually be responsible for post-release coordination, and, of course, travel to and from prison units in their jurisdiction all represented significant time and resource expenditures.

To improve the efficiency and the effectiveness of the COC process, TCOOMMI, in cooperation with correctional care providers, contract providers, parole, Board of Pardons and Parole and Health Services, conducted numerous strategy sessions. As a result of these strategy sessions, the following revised COC procedures were implemented September 1, 2006.

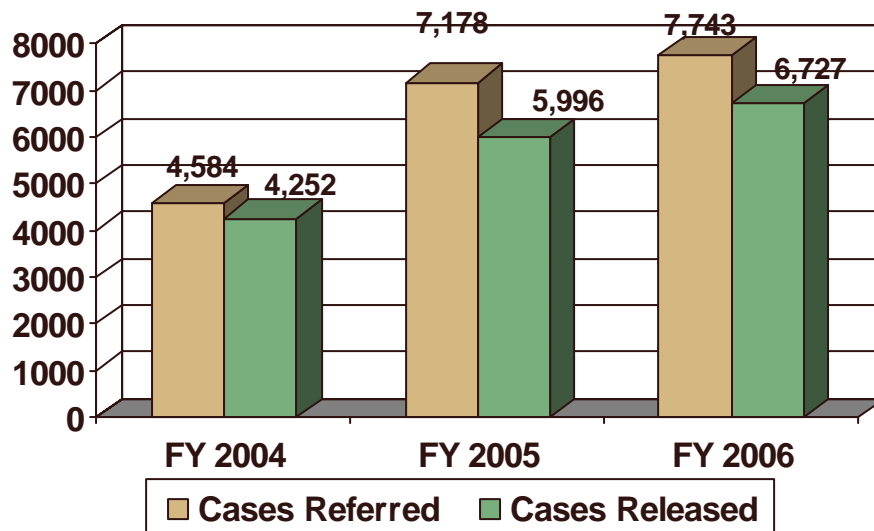
1. **COC workers now have access to the electronic medical records (EMR) system used by the institutional health care provider.** Offender records can now be obtained from their offices as opposed to going to the units. This has proven to be an extremely effective strategy for improving the COC programs' efficiency.
2. **Referrals for COC services are assigned to the workers in the community where the offender is scheduled to be released.** This has eliminated a significant amount of repetitive effort associated with the prior referral process.



3. **Notice is now sent to the offender to solicit his/her interest in post-release treatment.** Due to the high number of no-shows for flat or state jail discharges, automatic referrals for post-release care have been eliminated. If the offender returns the letter marked with an affirmative answer, COC activities will be initiated. By determining the offenders' desire for aftercare treatment prior to release, COC activities are targeted only for those offenders with an expressed interest in services. This reduces the amount of COC resources previously expended on "No-Shows".
4. **With the exception of offenders with terminal or serious medical conditions, social security applications are being initiated after the person's release to the community.** The low approval rate and length of time to receive eligibility determination (12-18 months) for offenders with mental illnesses did not justify the expense associated with workers traveling to the units to complete the pre-release application.

Due to the short period of time the new COC process has been in place, an assessment of its efficiency and effectiveness cannot be determined at this time. During the next year, TCOOMMI will closely monitor the activities to ensure the integrity and intent of the COC program have not been compromised as a result of the new procedures. One area that will be impacted is the number of referrals and releases.

For FY 06, the COC referrals and releases closely mirrored those numbers in previous years. The following chart reflects a comparison of program numbers for the past three (3) years.



With the new COC system, it is anticipated that the numbers for FY 07 and future years will be significantly lower when compared to previous COC numbers. While the numbers may decrease, the new process should result in better recidivism outcomes by targeting efforts and resources to offenders most in need. The quality of the services should also improve since fewer referrals will place less time demands on the workers.

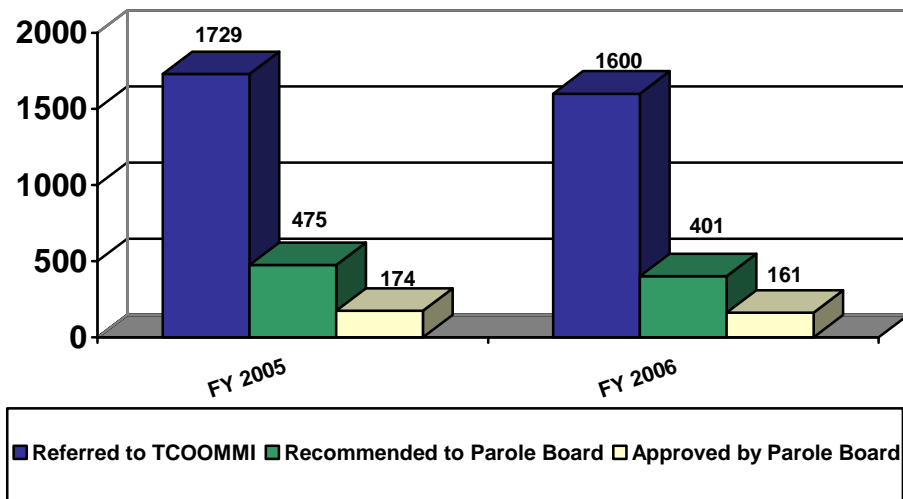
## **MEDICALLY RECOMMENDED INTENSIVE SUPERVISION**

The MRIS program allows for the early release from prison for certain categories of offenders. The following provides a brief explanation of statutory provisions for MRIS:

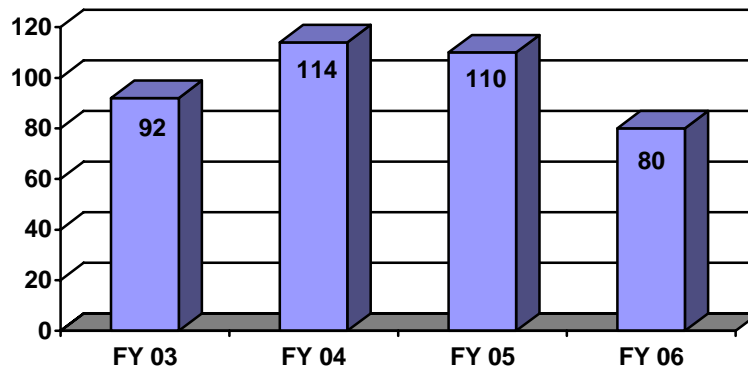
- Excludes sex offenders and offenders sentenced to death;
- Includes 3G offenders (aggravated convictions) who have a terminal illness and/or require long-term care;
- Establishes a parole panel to be composed of the presiding officer and two (2) members to make release determinations on eligible offenders and those pending deportation;
- Establishes that eligible offenders determined to be non-U.S. citizens, deportable and not a threat to public safety, may be released to immigration authorities; and,
- Directs TCOOMMI to present relevant information to the parole panel concerning the potential release of eligible offenders.

Although the statutory provisions are broad in respect to the medical or psychiatric conditions allowed for consideration, TCOOMMI has historically focused its resources toward those with the most serious medical problems. The following charts provide a comparison between FY 05 and FY 06 approval and denial rates, inmate deaths and inmate refusals.

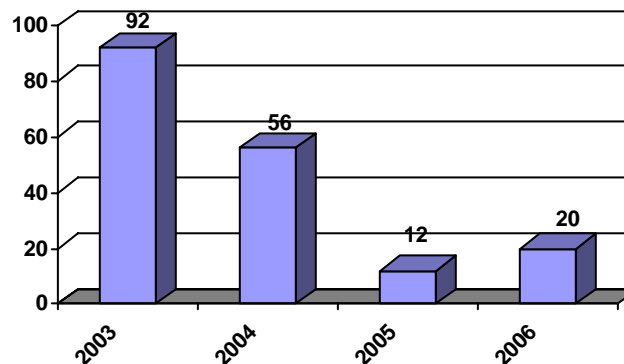
### **MRIS – APPROVALS AND DENIALS**



### INMATE DEATHS DURING THE MRIS PROCESS



### INMATE REFUSALS FOR MRIS



As noted on the first chart, the percentage of approvals for FY06 compared to FY05 was 40% to 36%. One factor in this increased approval rate may be the revised referral process initiated during the last year.

To ensure that timely referrals were made for those offenders with terminal illnesses or long term care needs, unit physicians became responsible for initiating the referrals rather than TCOOMMI. Previously TCOOMMI would request medical summaries for any referral received from internal and external sources. This process typically resulted in unit medical staff completing medical paperwork on offenders whose condition was not clinically appropriate for early release. This, in turn, resulted in considerable work by TCOOMMI and medical staff on processing referrals that had minimal, if any, likelihood of being approved for MRIS. The new MRIS referral process allows for targeting staff resources toward offenders with a diagnosis that is determined clinically appropriate by health care staff.

An evaluation of the new MRIS process will be conducted at the end of the calendar year. The analysis will include a review of approval rates, processing time, and number of deaths among offenders who were not referred to MRIS, but were statutorily eligible. The findings of the study will be presented in TCOOMMI's next biennial report to the 81<sup>st</sup> Legislature.

## SECTION V. CONTINUITY OF CARE INITIATIVES

During the past biennium, significant progress was made toward creating a more comprehensive continuity of care system. Much of that progress was made as a result of the new legislative mandates that focused TCOOMMI's efforts on the front end of the criminal justice system. Enhanced continuity of care activities include the following:

1. Requiring local jails and MHMRAs to cross-reference inmate census against the state mental health database.
2. Coordinating with the Texas Commission on Jail Standards (TCJS) to develop a more reliable screening process at intake and booking.
3. Expanding continuity of care activities for 46.B defendants.
4. Implementing and revising the Memoranda of Understanding (MOU) between TDCJ and the Health and Human Service system

A more detailed overview of these activities is provided in the following section.

### **LOCAL JAIL/MHMRAS DATA CROSS-REFERENCING INITIATIVE**

During the 79<sup>th</sup> Legislative Session, the TCJS submitted a report to the Legislature describing problems associated with mentally ill offenders in local jails. This report, prepared in cooperation with TCOOMMI, highlighted a significant problem in the appropriate and timely identification of individuals with mental illnesses within the jail setting. In response, the Legislature included two (2) separate Riders on TCJS and Department of State Health Services (DSHS) appropriations that were designed to improve the identification process in county jails. The riders read as follows:

#### ***SB I, Art. V, Commission on Jail Standards, Rider #2:***

***It is the intent of the legislature that the Commission on Jail Standards amend its rules and procedures to require county and local jails to:***

- a) check each offender upon intake into jail against the Department of State Health Services' CARE system to determine if the offender has previously received state mental healthcare;***
- b) record whether the CARE system was checked on the initial intake screening form; and***
- c) include any relevant mental health information on the mental health screening instrument and, if sentenced to the Department of Criminal Justice, on the Uniform Health Status Update form.***

***The Commission shall use funds appropriated above to include in its annual inspection of county and local jails a determination of each jail's***

***compliance with the requirement to check each offender upon intake against the Department of State Health Services' CARE database for previous mental healthcare. The Commission on Jail Standards shall report any jails that are found to not be in compliance with the screening requirements to the Texas Correctional Office on Offenders with Medical and Mental Impairments of the Texas Department of Criminal Justice on a quarterly basis.***

**SB I, Art. II, Rider #80:**

***The Department of State Health Services shall use funds appropriated above to require local mental health authorities to conduct CARE system database checks within 72 hours of referrals for local and county jails to determine if offenders have a history of state mental healthcare and report such information to the requesting jail. Quarterly reports of activities shall be provided to the Texas Department of Criminal Justice - Texas Correctional Office on Offenders with Medical or Mental Impairments as part of the community of care mandate.***

Since September 1, 2005, TCOOMMI has worked with the TCJS and DSHS to establish a standardized process for local jails and MHMRAs to cross-reference inmate census against the statewide Client Assessment Registry (CARE) system. Coordinating this activity between 238 local jails and 39 MHMRAs has been challenging for a number of reasons, including:

- 1. Historically, local jails and MHMR Centers may not have worked well together due to misunderstandings on each of their respective roles and responsibilities.** Local jails view MHMRAs as the entity responsible for providing mental health treatment to their inmates, despite the fact that counties are financially and legally responsible for all medical treatment of jail inmates. Local MHMRAs have traditionally been prohibited from using state funds to provide treatment to jail inmates, regardless of whether that offender was an active client of that agency. Understandably, these issues have done little to foster a cooperative relationship between the two entities.
- 2. Local jails, particularly small ones, are not using technology in their routine record keeping.** As a result, inmate information submitted to local MHMRAs was manually produced, thus requiring a labor intensive effort by the MHMRA to enter the inmate information into a data system.
- 3. The type and level of information provided to the local jails on client matches varied from location to location.** In some counties, the jail received a mere yes or no to indicate MHMR status. Other reports provided much more comprehensive information such as dates of service, diagnosis, treatment and service provider (i.e., state hospital or local MHMRA).

Despite these and other initial start-up problems, the cross-referencing initiative has shown promising results during its initial stages.

1. Requiring a 72 hour turnaround time for returning cross-referencing results has improved the timeliness of identification. As a result, the jail should be able to avoid delays in treatment or additional psychiatric assessment due to the diagnostic information provided by the CARE system.
2. Identifying current or former clients of the MHMR system through this data matching process should facilitate a more active role the mental health system plays within the jail. Prior to the cross-referencing activity, there was no standardized method for notifying MHMR of a client's arrest and incarceration. As a result, the center would close the client's case due to failure to appear for appointments. The new identification process should result in increased efforts by the MHMR to provide assistance to the jail "in-treatment" strategies, and facilitate pre-release planning activities for post-release treatment needs of the offender.
3. Planning activities for expanded resources can now be supported with the prevalence rate data. Any attempt to obtain increased funding from local or state government must be substantiated with reliable numbers. With the cross-referencing system, local jails, MHMRAs and state agencies are better equipped to justify their requests for increased funds.
4. Improved identification at time of intake could result in fewer days in jail for defendants with mental illnesses. Over ten (10) years ago, the Legislature mandated local magistrates release certain categories of defendants with mental illnesses from jail on a pre-trial basis. For the most part, this statutory provision has never been used; primarily due to the lack of treatment services in which the courts would require the defendant to participate as a condition of release. With current jail crowding, this potential diversion strategy for defendants who are active MHMR clients could provide a viable alternative to incarceration.

In addition to these promising results, a number of concerns have been raised as well. These concerns include:

1. Prevalence data is not based on current eligibility criteria for MHMRA services. A good example of this problem is demonstrated in information obtained from the Heart of Texas Region MHMR Center's FY 06 reports on inmate cross-referencing activities:

Heart of Texas Region MHMR Center			
	Total Booked into Jail	CARE Match	Qualifying Diagnosis
1 <sup>st</sup> Quarter	6240	1229	236
2 <sup>nd</sup> Quarter	6272	1212	292
3 <sup>rd</sup> Quarter	7344	1299	417

By using the current target population criteria for MHMR services (schizophrenia, bipolar disorder and clinically severe depression) the prevalence rate drops considerably. From a fiscal standpoint, that is a positive outcome due to the

significant financial costs associated with treatment for the seriously mentally ill. The downside, however, is that inmates with a non-target mental health or substance abuse diagnosis still require treatment. This must be factored in as a population in need of some services.

2. The data is limited in that it only reflects those individuals who were able to access the public mental health system. According to DSHS, funding restrictions allow for only one-third of the eligible population to receive services. It could therefore be argued that if the service capability were extrapolated to the jail population, a significant underreporting of seriously mentally ill is occurring.
3. The identification of a seriously mentally ill defendant is rarely forwarded to the courts for their consideration. Although isolated activities exist in some jurisdictions to notify the courts of a defendant's mental condition, it is oftentimes inconsistent and fragmented. In order for the courts to consider a defendant's mental illness as a mitigating factor or impose treatment conditions as part of their probation sentence, there must be a uniform process established to share mental health information between the jail and court personnel.
4. The cross-referencing activity is labor intensive both on jail and MHMR personnel. Although TCOOMMI has routinely provided funding to local jails and MHMRAs to purchase computers or reimburse for staff time associated with the cross-referencing activity, all costs associated with this activity are not covered in existing funds. As a result, the level and quality of implementation has been affected by resource issues.

Despite the problems encountered, this initiative is a much needed step in the right direction for Texas. Once the cross-referencing activities are further refined, the results should be a valuable resource tool for local and state decision makers in their policy development.

### **JAIL INTAKE / SCREENING PROCESS**

During the past decade, TCOOMMI has worked closely with TCJS on a variety of issues impacting county jails. This collaboration has included: implementing of a Memorandum of Understanding (MOU) between TCOOMMI, Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) and TCJS (Appendix II); a report to the 79<sup>th</sup> Legislature on mental health issues in local jails; studies on reliability of mental health identification in jails; revising the uniform health status form to include prior MHMR service history; and developing a mental health / suicide screening form for jail personnel to administer to all inmates at time of intake and booking.

Due to the increased legislative attention directed toward jail diversion for mentally ill defendants, TCJS and TCOOMMI improved the intake screening process by revising the instrument used to flag mental health / suicide issues of inmates. To ensure a comprehensive approach to this effort, TCOOMMI created an ad hoc working group to develop an improved screening instrument for local jails.

Through a combination of meetings, interviews with jail staff and on-site visits, the working group identified a number of concerns regarding the screening process:

1. Responses to the screening questions may be influenced by a defendant's reluctance to answer anything that may impact his/her criminal charges. Many defendants have had repeated encounters with law enforcement, therefore, are very familiar with the right to remain silent, and consult with an attorney prior to questioning. As a result, the individual may be less than forthcoming in his/her responses during the screening process.
2. Jail staff indicated that some of the questions intended to flag possible mental retardation were producing false positives. For example, one question on the screening form was, "What season is it?" This question could be difficult for an individual with cognitive defects such as mental retardation. Although the obvious intent of the question was to name the season of the year (summer, fall, etc.), the responses oftentimes included football, hunting, or basketball. Since it is Texas, football and hunting are considered seasons, so the question understandably was noted as answered correctly.
3. Defendants may be under the influence of drugs and/or alcohol at the time of intake and booking. As a result, responses to the screening questions may include mixed answers that are highly suspect.

These and other problems identified during on-site visits or conversations with jail staff indicated a need to revise the mental health screening form.

The revised screening instrument developed by the working group is found in Appendix I. This form, being piloted by several county jails, appears to be a more reliable screening instrument for flagging possible mental illness, mental retardation or suicidal ideation. To assess its effectiveness, TCOOMMI and the TCJS staff will be evaluating the form by comparing it to the MHMR client database. Although this activity will be limited in scope due to the large percentage of mentally ill persons who are unable to access MHMR services, it will nonetheless provide a baseline for some comparison. As the evaluation will not be completed prior to the submission of this report, outcomes will not be available until late next year. When the results are finalized, the information will be forwarded to the appropriate decision makers for review and consideration.

In addition to these concerns, the workgroup identified specific problems associated with the screening of defendants with mental retardation. The following are a few concerns identified regarding mental retardation screening:

1. Unlike persons with mental illnesses, offenders with mental retardation are typically not current or former clients of MHMR; therefore cross-referencing activities are not productive. The majority of mental retardation services are provided to persons with severe disabilities. As a result, the offender with mild mental retardation will in all likelihood have no prior experience with the MHMR.



2. Questions that could be good indicators of mental retardation or other cognitive disabilities may be falsely answered to avoid punitive outcomes. For example, eligibility for Social Security benefits is a very good indicator of a disability. If that question was included on the intake form, the most likely response would be negative for fear that their benefits would be terminated. In reality, the Social Security Administration has a system in place with local and state criminal justice agencies to identify persons with benefits who are incarcerated. The defendant, however, does not know this, therefore would in all probability answer, "No".
3. Unless the person with mental retardation has another disability, such as mental illness, their behavior would probably not raise any flags to their condition. Offenders with mental retardation will typically follow directions, present no management problems and will quietly fade into the general population. As a result, they could be processed, sentenced and perhaps sent to prison without anyone knowing of their mental retardation.

### **CONTINUITY OF CARE - 46.B DEFENDANTS**

During the 78<sup>th</sup> Legislative Session, statutory provisions for competency proceedings were revised. As part of this process, a rider was included in TDCJ's appropriations directing TCOOMMI to establish a continuity of care process for 46.B defendants. The 79<sup>th</sup> Legislature included a similar rider that reads as follows:

*SB I, Art. V, Rider #66:*

*Out of the funds appropriated above in Strategy B.1.1, Special Needs Projects, the Texas Correctional Office on Offenders with Medical or Mental Impairments shall coordinate with the Texas Department of State Health Services, county and municipal jails, and community mental health and mental retardation centers on establishing methods for the continuity of care for pre-and post-release activities of defendants who are returned to the county of conviction after the defendant's competency has been restored. The Council shall coordinate in the same manner it performs continuity of care activities for offenders with special needs.*

In response to this rider, TCOOMMI, in collaboration with DSHS, established a process to be notified when a 46.B defendant was being discharged from a state hospital and returned to the jail. In addition, TCOOMMI developed a process with the local MHMRs to inform them of the defendants return to jail so that pre-release activities could be initiated as appropriate. The following chart reflects the FY 06 outcomes for those defendants referred by the state mental hospitals.

Total*	Incarc. TDCJ		Incarc. Jail		Served TCOOMMI		Served MHMR		Not Served		Hospital		Refused		Moved		Other	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
830	118	14%	209	25%	13	2%	188	23%	233	28%	26	3%	11	1%	9	1%	23	3%

Since TCOOMMI received no additional funds for this activity, implementation has in large part been incorporated within existing contractual requirements with local MHMRAs. Where no such contract was in place, TCOOMMI had minimal, if any, enforcement capability to ensure that continuity of care services were provided by the local MHMR.

In order to address this problem, TCOOMMI initiated continuity of care contracts with all local MHMRAs for FY 07. Dependent on the site and number of estimated 46.B referrals, funding was targeted either as a fee for service activity for smaller sized MHMRs, or for staff positions in mid- to -larger sites.

Regardless of the funding amount, the objective is to establish a continuity of care process for all 46.B defendants who may be released from jail after an acquittal, sentence of probation or dismissal of charges. With recidivism rates for mentally ill offenders directly linked to availability of post-release treatment services, the expansion of continuity of care activities for 46.B defendants is considered to positively impact recidivism.

Due to the relatively short period of time these new continuity of care services have been in place, no outcome data is available. TCOOMMI anticipates, however, that sufficient data will be collected during the next biennium to evaluate its potential impact on recidivism and report findings to the 81<sup>st</sup> Legislature.

### **MEMORANDA OF UNDERSTANDING**

The Legislature appropriated funds to TCOOMMI to establish a continuity of care system for offenders with special needs. In a previous section of this report, an overview of the programs operated and funded by TCOOMMI described specific programmatic activities associated with continuity of care. This section will address a broader scope of continuity of care activities as required by Chapter 614.013 - 614.017, Health and Safety Code.

Currently, Texas is the only state in the country with a legislatively mandated continuity of care system for offenders with special needs. While other states may have some legislative directives regarding continuity of care, none have one that addresses the entire criminal justice continuum - starting with initial arrest and progressing to the ultimate release of an offender on parole.

To implement a comprehensive system of care involving multiple local and state governmental entities, the Legislature requires the development and implementation of Memoranda of Understanding (MOUs) between the affected agencies. The legislation requires the MOUs to address the following areas:

1. Identify offenders with special needs in the criminal justice system, and report prevalence rate data to TCOOMMI;
2. Develop interagency rules, policies, procedures and standards for coordinating care and exchange of information regarding offenders with special needs;
3. Identify services needed by offenders with special needs; and
4. Establish a process for reporting implementation activities to TCOOMMI.

During the past biennium, TCOOMMI coordinated with each MOU agency in finalizing or revising the MOUs to strengthen the roles and responsibilities of each affected entity in the continuity of care process. Copies of these MOUs can be found in Appendix II of this report.

One of the most critical activities of the MOU involves the cross-referencing of offender/client information between criminal justice and health and human service agencies. By cross-referencing data, each involved agency can obtain a more complete and accurate picture of the offenders' current and past service history. In addition, this activity should minimize duplication of effort by providing agencies with information on what the offender is currently receiving or could be eligible to receive in the way of treatment, vocational, housing or other similar services. Cross-referencing of data can also establish more reliable prevalence rates on offenders with special needs within the criminal justice system. A good example of this cross-referencing activity is the one between TDCJ and DSHS to identify offenders with mental illnesses.

During the past several years, TDCJ has routinely provided DSHS a complete file of every adult offender on probation, parole or in the correctional institutional division. Actual matches have resulted in a prevalence rate of 17-19%. The following chart reflects the results of the data matching activity in February 2006.

Texas Department of Criminal Justice CARE* Match Rates February 2006		
	<u>Total</u>	<u>CARE* Matches</u>
Probationers:	430,312	57,719 (13%)
Parolees:	77,167	21,097 (27%)
CID:	151,528	45,628 (30%)
Total:	659,007	124,444** (19%)
* Client Assignment and Registration System (CARE)		
** Data includes all persons served by MHMR and is not limited to current target populations of Schizophrenia, Bipolar or Major Depression		

There are, however, recognized limitations to the data that warrant discussion and future work:

1. As previously cited in this report, the numbers of seriously mentally ill represented in the DSHS database is not an indication of actual numbers in the state. Due to resource limitations, DSHS estimates that current service capacity is available to only one-third of the population with an eligible diagnosis for mental health services. As a result, the TDCJ prevalence rates represent a snapshot of the number of offenders with mental illnesses in the criminal justice system.
2. Offenders who may have received mental health services from another public or private provider are not reflected in the DSHS data. Veterans, for example, may have received behavioral health services at the Veterans Hospital, as opposed to the local MHMR. Likewise, individuals or families with independent insurance may have

been treated on an in/out-patient basis by a private psychiatrist. Again, this service information would not be reflected in the DSHS database; therefore the accuracy of the prevalence rate data is impacted.

3. Diagnostic practices that may impact the appropriate identification of mental illness in minority populations may result in underreporting. Due to the disproportionate number of minorities in the criminal justice system, there may be a significantly higher number of offenders with mental illness in the TDCJ system, but have never been diagnosed as such.

In order to more appropriately identify those offenders who meet current service criteria of the state mental health system, TDCJ and DSHS collaborated to develop a matching criteria based solely on the target populations of schizophrenia, bipolar and major depression. Based on a revised cross-referencing using the new criteria, the following results were found:

	Number	Percent of Total	Percent of all Active Clients*
<b>Matched Clients Meeting Criteria</b>	<b>50,174</b>	<b>100.00 %</b>	<b>7.66 %</b>
			<b>Percent of all Incarcerated Clients**</b>
<b>Incarcerated Clients Age 22 and Over</b>	<b>14,698</b>	<b>29.29 %</b>	<b>9.87 %</b>
With Major Depression	4,540	9.05%	3.05%
With Bipolar Disorder	2,871	5.72%	1.93%
With Schizophrenia	2,814	5.61%	1.89%
With a Non-PPDx or Crisis	4,473	8.91%	3.00%
<b>Incarcerated Clients Under Age 22</b>	<b>1,780</b>	<b>3.55 %</b>	<b>1.20 %</b>
With Major Depression	261	0.52%	0.18%
With Bipolar Disorder	169	0.34%	0.11%
With Schizophrenia	53	0.11%	0.04%
With a Non-PPDx or Crisis	1,297	2.59%	0.87%
			<b>Percent of all Parole Clients†</b>
<b>Parole Clients Age 22 and Over</b>	<b>7,192</b>	<b>14.33 %</b>	<b>9.35 %</b>
With Major Depression	2,515	5.01%	3.27%
With Bipolar Disorder	1,603	3.19%	2.08%
With Schizophrenia	1,665	3.32%	2.16%
With a Non-PPDx or Crisis	1,409	2.81%	1.83%
<b>Parole Clients Under Age 22</b>	<b>297</b>	<b>0.59 %</b>	<b>0.39 %</b>
With Major Depression	39	0.08%	0.05%
With Bipolar Disorder	24	0.05%	0.03%
With Schizophrenia	9	0.02%	0.01%
With a Non-PPDx or Crisis	225	0.45%	0.29%
			<b>Percent of all Probation Clients‡</b>
<b>Probation Clients Age 22 and Over</b>	<b>24,468</b>	<b>48.77 %</b>	<b>5.70 %</b>
With Major Depression	9,524	18.98%	2.22%
With Bipolar Disorder	6,633	13.22%	1.55%
With Schizophrenia	2,627	5.24%	0.61%
With a Non-PPDx or Crisis	5,684	11.33%	1.32%
<b>Probation Clients Under Age 22</b>	<b>4,174</b>	<b>8.32 %</b>	<b>0.97 %</b>
With Major Depression	849	1.69%	0.20%
With Bipolar Disorder	687	1.37%	0.16%
With Schizophrenia	151	0.30%	0.04%
With a Non-PPDx or Crisis	2,487	4.96%	0.58%

\*Includes prison/state jail, active parolees, & on probation as of May 31, 2006: 655,043

\*\*Includes prison and state jail as of May 31, 2006: 148,914

†Includes active parolees as of May 31, 2006: 76,925

‡Includes clients on probation as of May 31, 2006: 429,204

As noted, revising the criteria for the data cross-referencing process resulted in a significant decrease in prevalence rates, from 19% to 7.6%. Utilizing the new criteria is beneficial for a number of reasons:

1. By restricting the data to those individuals with the most serious mental illnesses, TDCJ/TCOOMMI can direct its resources to those offenders requiring the most intensive treatment and supervision;
2. Agency planning activities for service and resource needs can be conducted on more reliable prevalence data; and
3. Future reporting activities to the Legislature will clearly reflect prevalence rates of target and non-target offender populations.

## **SECTION VI. CONCLUSION**

Based upon the accomplishments noted in this report, continued progress has been made toward establishing a comprehensive continuity of care system for offenders with special needs. There is, however, a great deal of work to be done in the next biennium.

In addition, several issues that have been identified by the TCOOMMI office and advisory committee that warrant continued work during the next biennium. Those issues include:

1. TDCJ/TCOOMMI should continue and increase its coordination with the United States Veterans Administration (VA) to identify offenders who may be eligible for VA services or benefits. Veteran hospitals and out-patient services offer a significant resource for the adult offender with special needs. Currently, there is no uniform process, other than self-reporting, for identifying veterans who are on probation, parole or in jail. TDCJ/TCOOMMI is developing a Memorandum of Understanding with the VA to establish a cross-referencing system for identifying all eligible veterans in the criminal justice system. If successfully implemented, a much needed resource for medical, mental health and substance abuse treatment could be accessed, thus reducing resource demands on the local or state system of care.
2. Efforts to utilize and/or expand upon technology to assess or treat and conduct hearings for offenders with special needs should be continued. The benefit of telemedicine or interactive video conferencing in the criminal justice system has been demonstrated by TDCJ's medical providers for inmates, University of Texas Medical Branch and Texas Tech University. Adopting similar capabilities in the pre-trial assessment phase and competency status hearings between state hospitals and the courts are examples of potential use. In a state the size of Texas, with ever-increasing demands for specialty care or services, increased use of video conferencing systems could offer a viable and cost effective response to these problems.
3. An evaluation should be done to determine if TCOOMMI should continue working on juvenile issues or programs should be evaluated. The significant and ever-increasing demands of the adult system result in less-than-adequate attention to juvenile issues. There is no argument that juvenile offenders warrant the highest priority to keep them from progressing further into the criminal justice system. There are, however, questions as to whether TCOOMMI is the best entity to respond to issues affecting juvenile offenders with special needs.
4. Continued coordination with the Department of Family and Protective Services to identify offenders who have open cases with Child Protective Services is warranted. Children whose parents are offenders and who have been neglected or abused are at high risk for involvement in the juvenile or adult criminal justice system. Improved coordination between the criminal justice and protective services as a prevention strategy is a positive step in the right direction.

5. To whatever extent possible, universities should serve as a resource to TCOOMMI to evaluate and/or research activities related to offenders with special needs. There are current gaps in information, such as prevalence rates on offenders with mental retardation or traumatic brain injury that warrant additional attention for planning purposes. Universities could play a critical role in assisting the state in these and other research endeavors.
6. Continued examination of expanding the DPS database to include the CARE system is warranted. Allowing law enforcement to run a person's prior or current MHMR history at time of initial encounter can contribute to earlier identification and diversion of persons with mental illness.

<b>SECTION VII. APPENDICES</b>
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APPENDIX I

Intake Screening Form

APPENDIX II

Memoranda of Understanding



**TCOOMMI Biennial Report**  
**Appendix I**

**DRAFT**

\_\_\_\_\_ County  
**Screening Form for Suicide and Medical and Mental Impairments**

Name: _____	Date of Birth: _____
State I.D. Number (if known) _____	
Date: _____	Completed By: _____
Does arresting officer or any other person believe that the inmate is at risk due to <b>medical condition</b> , <b>mental illness</b> , <b>mental retardation</b> , or <b>suicide concern</b> ? (Circle one or more if applicable)	
Comments: _____	

**SELF-REPORT QUESTIONS:**

Any current medical problems, recent hospitalizations or serious injuries or concerns about withdrawal?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Medications? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	
Have you ever received services for mental health or mental retardation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	
Do you receive a social security check? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	
Have you ever been in special education? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	
Do you hear any noises or voices that other people don't seem to hear? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	
Have you ever been very depressed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	
Do you feel this way now? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	
Have you had thoughts of killing yourself in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	
Are you thinking about killing yourself today? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	
Have you ever attempted suicide? Yes <input type="checkbox"/> No <input type="checkbox"/> When? _____ Why? _____ How? _____	
Have you experienced a recent loss? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	

**STAFF OBSERVATIONS:**

Does the individual seem (circle all that apply): <b>confused</b> , <b>pre-occupied</b> , <b>hopeless</b> , <b>sad</b> , <b>paranoid</b> , <b>in an unusually good mood</b> , or <b>believes he/she is someone else</b> ?	<b>Comments:</b> _____ _____ _____ _____ _____
Is this person's speech (circle all that apply): <b>rapid</b> , <b>hard to understand</b> , <b>hesitant</b> , or <b>childlike</b> ?	
Observed to be under the influence of: Alcohol? <input type="checkbox"/> Drugs? <input type="checkbox"/> Withdrawals? <input type="checkbox"/>	
Observed to have visible signs of self harm (i.e., cuts on arms, etc.): Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	

**Additional Comments:** \_\_\_\_\_

revised 8/28/2006

**TCOOMMI Biennial Report**  
**Appendix II**

Figure: 37 TAC §159.21(a)

**MEMORANDUM OF UNDERSTANDING**

**Between the Texas Correctional Office on Offenders with Medical or Mental Impairments and the Texas Commission on Law Enforcement Officer Standards and Education and the Texas Commission on Jail Standards**

For the purpose of establishing a continuity of care and service program for offenders with mental impairments, elderly, physically disabled, terminally ill, or significantly ill, the Texas Correctional Office on Offenders with Mental and Medical Impairments (TCOOMMI), the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) and the Texas Commission on Jail Standards (TCJS) (The Entities) agree to the following:

**1. AUTHORITY AND PURPOSE:**

Texas Health and Safety Code, §614.016 authorizes TCOOMMI, TCLEOSE, and the TCJS to establish a Memorandum of Understanding (MOU) that identifies methods for:

- Identifying offenders in the criminal justice system who are mentally impaired, elderly, physically disabled, terminally ill or significantly ill;
- Developing procedures for the exchange of information relating to offenders who are mentally impaired, elderly, physically disabled, terminally ill, or significantly ill by TCOOMMI, TCLEOSE and the TCJS for use in the continuity of care and services program; and
- Adopting rules and standards that assist in the development of a continuity of care and services program for offenders who are mentally impaired, elderly, physically disabled, terminally ill, or significantly ill.

**2. ALL ENTITIES AGREE TO THE EXTENT POSSIBLE:**

- a) Coordinate on the development of policies, rules or standards that promote the exchange of information (including electronic) about offenders with special needs without consent of the individuals involved for the purpose of providing or coordinating services among the entities;
- b) Coordinate on the development of systems that provide for the timely identification of offenders with special needs who come into contact with law enforcement or jail personnel;
- c) Distribute relevant training seminar and/or educational information toward improving the knowledge and understanding of the identification and management of offenders with special needs;
- d) Inform each other of any proposed rule or standard change which could affect the continuity of care system. Each agency shall be afforded thirty (30) days after receipt of proposed change(s) to respond to the recommendations prior to the adoption;

e) Provide annual status reports to TCOOMMI on the implementation of initiatives outlined in this MOU;

f) Provide opportunities for cross-training for each others staff; and

g) Provide technical assistance and professional consultation to the affected entities toward enhancing the coordination and response to offenders with special needs.

3. TCOOMMI SHALL:

a) Provide technical assistance toward the development of improved medical and psychiatric screening standards;

b) Provide training and technical assistance to state or local law enforcement or jails on enhancing identification and management strategies for offenders with special needs;

c) Monitor and coordinate the implementation of the activities of this MOU;

d) Provide reports to the Legislature on the status of implementation of activities; and

e) Participate in any relevant research or studies relevant to offenders with special needs who come into contact with law enforcement or who are incarcerated in county jails.

4. TCLEOSE SHALL:

a) Coordinate with TCOOMMI on the development of curriculum changes relating to offenders with special needs for pre and/or in-service training requirements for peace officers;

b) Provide annual status reports to TCOOMMI on the number of peace officers who have received training and/or certification in specialized mental health or related course work; and

c) Coordinate with TCOOMMI on any research and/or evaluation activities designed to measure the effectiveness of specialized peace officer training.

5. TCJS SHALL:

a) Develop rules and/or standards to enhance the mental health and medical screening processes utilized by the local jails;

b) Monitor the implementation of any screening standard through on-site audits conducted by TCJS staff in the course of routine jail inspections;

c) Encourage local jails to develop written procedures with local mental health or health/human service agencies that describe activities for cross-referencing inmate census with the above referenced social service agencies;

- d) Provide quarterly reports to TCOOMMI on MOU implementation activities; and
- e) Coordinate with TCOOMMI on any proposed rule or standard change involving offenders with special needs.

6. REVIEW AND MONITORING:

a) TCOOMMI, TCLEOSE, and TCJS shall monitor implementation of the Continuity of Care and Service Program as outlined in this MOU. The intent of all agencies is to provide timely communication, discussion and resolution of transitional problems should any occur.

b) This MOU shall be adopted by the Texas Correctional Office on Offenders with Medical and Mental Impairments, the Texas Commission on Law Enforcement Officer Standards and Education and the Texas Commission on Jail Standards. Subsequent to adoption, all parties to this memorandum shall annually review this memorandum and provide status reports to the Texas Correctional Office on Offenders with Medical and Mental Impairments. Amendments to this Memorandum of Understanding may be made at anytime by mutual agreement of the parties.

7. Renewal: This agreement shall be reviewed for renewal every four years.

**Certification**

This Memorandum of Understanding is adopted to be effective: \_\_\_\_\_ 2007.

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Executive Director  
Texas Commission on Law Enforcement Officer Standards and Education

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Executive Director  
Texas Commission on Jail Standards

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Executive Director  
Texas Department of Criminal Justice

## **MEMORANDUM OF UNDERSTANDING**

### **Between the Texas Department of Criminal Justice and the Department of Assistive and Rehabilitative Services, the Department of State Health Services, and the Department of Aging and Disability Services**

For the purpose of establishing a continuity of care and service program for offenders with physical disabilities, the elderly, the significantly or terminally ill, and the mentally retarded involved in the criminal justice system, the Texas Department of Criminal Justice (TDCJ), the Department of Assistive and Rehabilitative Services (DARS), the Department of Aging and Disability Services (DADS), and the Department of State Health Services (DSHS), hereinafter the Entities, agree to the following:

1. **AUTHORITY AND PURPOSE:**

a) Texas Health and Safety Code, §§614.014 - 614.015 authorize TDCJ, DARS, DADS and DSHS to establish a Memorandum of Understanding (MOU) that identifies methods for:

- identifying offenders with physical disabilities, the elderly, the significantly or terminally ill, and those with mental retardation (hereinafter referred to as offenders with special needs);
- developing interagency rules, policies, procedures and standards for the coordination of care and services of and exchange of information on offenders with special needs; and
- identifying services needed by offenders with special needs to reenter the community successfully.

2. **ALL ENTITIES AGREE TO:**

a) Follow the statutory provisions in Chapter 614 of the Texas Health and Safety Code relating to the exchange of information (including electronic) about offenders with special needs for the purpose of providing or coordinating services among the Entities; and when appropriate, include such requirements in any relevant rules, policies or contract/grants.

b) Develop rules, policies, procedures, or standards that describe the agency's role and responsibility in the continuity of care process for offenders with special needs.

c) Develop procedures that provide for the preparation and sharing of assessments or diagnostics for offenders with special needs prior to the imposition of community supervision, incarceration, or parole, and the transfer of such diagnostics on offenders with special needs between local and state entities described in this agreement.

d) Participate in cross training or educational events targeted for improving each agency's knowledge and understanding of the criminal justice, DARS, DADS and DSHS systems' roles and responsibilities.

e) Inform each other of any proposed policy, procedure, standard or rule change which could affect the continuity of care system for offenders with special needs with each agency afforded thirty (30) days after receipt of proposed change(s) to respond to the recommendations prior to the adoption.

f) Provide information to Texas Correctional Office on Offenders With Medical or Mental Impairments (TCOOMMI) on the implementation of initiatives outlined in this MOU, as requested, and available to assist in the completion of their annual report.

g) Actively seek federal grants or funds to operate and expand the program.

h) Operate the continuity of care and service program for special needs offenders in the criminal justice system with funds appropriated for that purpose.

3. TDCJ THROUGH ITS DIVISIONS SHALL:

a) Cross-reference offender database and make information available to the DARS, DADS and DSHS as allowed by applicable statutes, rules or policies.

b) Develop a process to ensure that any medical, diagnostic or treatment information pertaining to offenders with special needs shall be provided to relevant local and state criminal justice agencies or other contract providers.

c) Ensure that offenders with special needs being released from institutional facilities have access to a ten-day supply of medications upon their release.

d) Contact the DARS Deaf and Hard of Hearing Services Regional Specialist 60 days prior to release of offenders with hearing impairments to ensure access to appropriate services and resources upon their release.

e) Establish an internal procedure in cooperation with TCOOMMI to review Motion to Revoke cases involving any offender with special needs. This review shall address interventions that have been made or should be made prior to final revocation action.

4. DARS SHALL:

a) Develop continuity of Services Procedures specific to offenders with special needs who are involved in the criminal justice system.

b) Provide a list of regional contacts that will coordinate connecting applicants to the appropriate field office that will accept appropriate referrals in the applicant community for offenders with special needs within 60 days prior to release and determine eligibility in accordance with federal and state laws and policies of the DARS.

c) Resources permitting, participate in any relevant research or studies specific to offenders with special needs.

d) Subject to time and fiscal constraints, provide and/or coordinate training and/or technical assistance to TCOOMMI and other participating agencies concerning issues related to persons served by the department.

5. DADS SHALL:

a) Develop continuity of care rules specific to offenders with special needs; and

b) Include in the performance contract requirements for local aging, mental retardation and long term care centers to adhere to and implement the activities outlined in the MOU, including statutory provisions specific to sharing of information, and cross-referencing data with local and state correctional and criminal justice entities.

6. DSHS SHALL:

a) Develop continuity of care policies specific to offenders with special needs who are involved in the criminal justice system;

b) Accept appropriate referrals in the applicant community within 30 days prior to release for offenders with special needs and determine eligibility in accordance with federal and state laws and policies of DSHS;

c) Resources permitting, participate in relevant research or studies specific to offenders with special needs with the approval of the DSHS Institutional Review Board;

d) Respond to TDCJ's data requests to cross-reference offender data against relevant DSHS information on offenders with special needs; and

e) Subject to time and fiscal constraints, provide and/or coordinate training and/or technical assistance to TCOOMMI and other participating agencies concerning issues related to offenders with special needs.

7. REVIEW AND MONITORING:

a) This MOU shall be adopted by the Departments of Assistive and Rehabilitative Services, Aging and Disability Services and State Health Services and the Texas Department of Criminal Justice. Subsequent to adoption, all parties shall provide status reports to TCOOMMI. Amendments to this MOU may be made at any time by mutual agreement of the parties.

b) TCOOMMI shall serve as the dispute resolution mechanism for conflicts concerning this MOU at both the local and statewide level.

TCOOMMI, in coordination with each state agency or department identified, shall develop a standardized process for collecting and reporting the MOU implementation outcomes. The findings of these reports shall be submitted to the Texas Board of Criminal Justice and the Legislature by

September 1 of each even-numbered year and shall be included in recommendations in TCOOMMI's biennium report.

8. RENEWAL: This agreement shall be renewed every four years by mutual agreement of all the parties.

### **Certification**

This Memorandum of Understanding is adopted to be effective\_\_\_\_\_2007.

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Executive Director  
Texas Department of Criminal Justice

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Commissioner  
Department of Assistive and Rehabilitative Services

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Commissioner  
Department of Aging and Disability Services

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Commissioner  
Department of State Health Services